

2016 Senate Page/Messenger Program

School Authorization Form

SECTION I: The **APPLICANT** should complete **SECTION I** and submit this form to his/her principal, guidance counselor, and teachers for completion before submitting a program application. **PLEASE PRINT NEATLY OR TYPE.**

☐ Mr. ☐ Miss First: _____ Middle: _____ Last: _____
Date of Birth ____/____/____ Telephone number where the applicant can be reached: (____)_____
Name of the school in which you are enrolled: _____
School Mailing Address: _____
City/Town: _____ Zip Code: _____
School Web Address: _____

☐ I am homeschooled (go to section IV)

Signature: _____ Date: _____

SECTION II: The **PRINCIPAL, GUIDANCE COUNSELOR, AND TEACHERS** should read **SECTION II** before completing Section III, IV, or V.

Please read carefully before signing this form: Students appointed as Senate Pages/Messengers are expected to work at the Capitol in Richmond and will be absent from school beginning **January 11 through March 11, 2016. Absenteeism for Senate Pages/Messengers is addressed in sections 8VAC20-110-40 and 8VAC20-110-50 of the Virginia Administrative Code.**

Senate Pages/Messengers are individually responsible for obtaining and performing their school assignments satisfactorily. A consistent level of work must be assigned as pages/messengers work 8:30 a.m. – 5:00 p.m. and are required to attend a two-hour study hall with tutors Monday through Thursday 7:00 p.m. – 9:00 p.m.

If arrangements cannot be made for tests/exams to be taken at school, the Senate tutors will administer tests and exams if they are mailed directly to Bladen Finch, Program Director, Senate of Virginia, P.O. Box 396, Richmond, Virginia 23218 or e-mailed to bfinch@senate.virginia.gov. Senate personnel will **not** administer tests/exams sent or transported by a Senate Page/Messenger or parent/legal guardian.

SECTION III: The **PRINCIPAL** should read **SECTION II**, complete **SECTION III**, and return the form to the applicant for completion. **PLEASE PRINT NEATLY.**

Prefix: ____ First name: _____ Last name: _____

Telephone: (____)____ E-mail: _____

Office hours: _____

☐ Yes, I will contact the Senate Clerk's Office promptly if I receive indications from a teacher or guidance counselor that the page/messenger's schoolwork is suffering unduly during the 2016 session.

Signature: _____ Date: _____

SECTION IV: The GUIDANCE COUNSELOR should read SECTION II, complete SECTION IV, and return the form to the applicant for completion. **PLEASE PRINT NEATLY.**

Prefix: ____ First name: _____ Last name: _____

Telephone: (____) _____ E-mail: _____

Office hours: _____

SECTION V: ALL TEACHERS from whom the applicant receives assignments should read SECTION II, complete SECTION V, and return the form to the applicant for completion. Please print neatly.

Teacher 1 ☐Mr. ☐Ms. First name: _____ Last name: _____

Class(es) in which the applicant is enrolled: _____ Current letter grade: _____

Comments: _____

Teacher 2 ☐Mr. ☐Ms. First name: _____ Last name: _____

Class(es) in which the applicant is enrolled: _____ Current letter grade: _____

Comments: _____

Teacher 3 ☐Mr. ☐Ms. First name: _____ Last name: _____

Class(es) in which the applicant is enrolled: _____ Current letter grade: _____

Comments: _____

Teacher 4 ☐Mr. ☐Ms. First name: _____ Last name: _____

Class(es) in which the applicant is enrolled: _____ Current letter grade: _____

Comments: _____

Teacher 5 ☐Mr. ☐Ms. First name: _____ Last name: _____

Class(es) in which the applicant is enrolled: _____ Current letter grade: _____

Comments: _____

Teacher 6 ☐Mr. ☐Ms. First name: _____ Last name: _____

Class(es) in which the applicant is enrolled: _____ Current letter grade: _____

Comments: _____

Teacher 7 ☐Mr. ☐Ms. First name: _____ Last name: _____

Class(es) in which the applicant is enrolled: _____ Current letter grade: _____

Comments: _____